SSI Dane County Managed Care Advisory Committee
Minutes
6/24/04

Attendence: Donald Libby, APS Healthcare
David LeCount, DCDHS
Gerry Born, Knapp's Development Inc.
Bonnie Morley, CLA
Peggy Michaelis, System Redesign/MHCDC
Tom Lawless, TMG
Ginny Groves, TMG
Marci Katz, MHCDC
Jim Maddox, MHCDC
Tim Otis, MHCDC
Jennifer Lowenberg, NAMI-WI
William Greer, MHCDC
Robert Blaine, DOA
Todd Costello, CLA
Dianne Greenley, WCA
Bruce Christiansen, APS Healthcare
Mary Laughlin, DHFS
Michelle Urban, DHFS
Michael Fox, DHFS
Peg Algar, DHFS
Alice Mirk, DHFS
Angelo Costillo, DHFS

I. Introduction

Michael Fox gave an overview of the context in which the Dane SSI Managed Care
Initiative will occur:

- There are currently three SSI Medicaid Managed Care Initiatives in progress:
  - ✓ Risk-based managed care for SSI eligible adults in Milwaukee County (voluntary
    initially, and mandatory at a later, as yet undetermined, date)
  - ✓ Comprehensive, risk-based managed care for Dane County SSI eligible adults
    (voluntary)
  - ✓ Marshfield "Pay for Performance" Fee-for-Service Reimbursement Pilot

- The Dane County initiative presents a unique opportunity as three entities (CLA,
  Dane County, and DCMHC) came to the Department with an idea of how to serve the
  SSI population in a comprehensive approach that will leave the system less
  fragmented and easier to negotiate for consumers.

- This initiative will be coordinated with the Mental Health/AODA redesign initiative and incorporate the principles set forth by the Governor's Blue Ribbon Commission.

- The approach involves comprehensive, risk-based managed care offered to all Dane County SSI eligible adults on a voluntary basis. There are approximately 5,000 SSI eligible adults in Dane County.

- The model incorporates home and community based waivers and county funded mental health services as part of a comprehensive array of services and supports for enrollees. The target implementation date is January 2005.

II. Dane County Advisory Meeting Portfolio

A portfolio[1] was handed out with the following documents included:

- Letter of Invitation to participate on Advisory Committee
- Agenda
- Dane Advisory Committee Mission Statement
- Dane County MC Proposal Fact Sheet
- Demographic Egg
- Early Warning Program
- Draft Predictive Model
- Rate Meeting Agenda
- Dane County Data Table
- Contract Crosswalk Template

A. Agenda

The following issues the advisory committee will need to consider include:

- Timelines for Implementation (Phase 1, Phase 2, Phase 3)
- Who will be served
- Scope of services
- Enrollment process and pace
- Capitation development methodology and payments
- Quality assurance and improvement
- Contractual requirements
- Consumer governance
- Performance measures and evaluation
- Mental Health Systems Transformation Grant
- Any additional issues that may arise

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[1] For a copy of the portfolio contact Peg Algar at: (608) 267-9555

The following sub-committees will be convened to work on the project

- Rate Setting
- Contract Development
- Quality Assurance
- Others as needed

B. Mission Statement for the Advisory Committee

The mission statement thus far for the group is to:

"Ensure consumer and provider input into policy development regarding the interface between the existing systems of health care for the Dane Co. SSI population and a new managed care funding structure."

Some of the important aspects of the project include:

- Incorporating recovery and respect principles in all aspects of the program.
- Coordinating the Dane Co. SSI managed care initiative with the mental health/AODA redesign initiative.
- Coordinating rate setting decisions with policy development.
- Coordinating the Mental Health Systems Transformation Grant with program development.

  Mental Health Systems Transformation Grant
  Wisconsin has submitted a proposal for a Mental Health Systems Transformation Grant to the federal government. This is a joint venture between DDES and DHCF. The feds are offering these grants to provide funding to improve the ability of States to offer evidence-based and recovery-oriented services to consumers with mental illnesses with support of the Medicaid system.

  The infrastructure grant would total $300,000 over 3 years. The Department proposes to:

  1. Develop the SSI Care Management Organization contract template;
  2. Create a data base infrastructure that integrates encounter and outcome data. (Consumer functional screening (ROSA tool) data will be used in conjunction with encounter and outcome data in further refining rate setting methodology.);
  3. Develop or expand existing resource centers to serve the mental health and substance abuse populations.

Suggestions by Committee Members Re: Mission Statement:

- As the system has been quite fragmented, service integration is integral to this project. The following questions need to be addressed: How does the rest of the

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county system exist with the implementation of managed care? What would happen if managed care leaves.--What condition would the county system be in?

A.   SSI/Managed Care Model Fact Sheet

The Management Group, Inc. prepared a datasheet with statistics on the SSI population from State Fiscal Year 2002. The fact sheet outlines the model of care for Dane County, the population to be served, an overview of the three partners (Dane County, CLA, and MHCDC).

B. Demographic Egg

The Management Group, Inc. also prepared an analysis of the Dane County SSI sub-populations on CDPS factors and whether they are currently served through waiver programs. The SSI population is not homogeneous regarding cost, risk, or demographics. Capitation rates would need to be stratified to reflect these differences. The rate-setting subgroup is already meeting and discussing these issues.

C. Early Warning Program

The Early Warning Program was developed by Dr. Howard Dichter, out of Pennsylvania. It is a model for obtaining "real time" data to guide making adjustments to the system of care before problems become large. Our experience in Wisconsin is that there has been an average lag time of about a year for encounter data. During 12 months a lot of variables may change and basing policy decisions on old data is not very efficient. The Early Warning approach would use existing data systems, but cut down the emphasis on cleaning data, and rather focus on red flag issues that are apparent in the data at first glance. The model also includes creating a forum for consumers, HMOs and the State to sit down and identify problems fast before they get too large.

The proposal before the committee is to use this type of QI/QA model on the Dane County initiative, and eventually use it across the state with some uniform measures and some measures unique to each county.

Discussion:

- A member stated that it is critical that common measure be applied to all projects.

  Response: As stated above, core measures across counties and some unique measures will be employed. BMHCP will analyze data and meet with consumers in a forum for discussion. The contract may be used for enforcement of standards established. The document on the Early Warning System is a rough draft and will be refined.

- Another member asked whether data would be collected and then not used. Also asked if the contract will specify timelines for feedback and response to problems that arise.

Response: Requirements for the State and the HMO to meet with consumers will be spelled out in the Medicaid contract. It was suggested that meetings occur 3 to 4 times a year to elicit feedback.

- The question arose regarding how this process would interface with grievances.

  Response: Dr. Urban replied that grievances will be analyzed for trends to assess whether there are systemic issues that need to be addressed.

- It was suggested that measures be tied back to the values and mission of the program, not driven simply by what is already in place. Questions that need to be answered are:

  1.) What type of forum will be used for data gathering?
  2.) How will data be used?
  3.) How will this process feed into the continuous quality assurance system?

D. **Draft Predictive Model**

Dr. Bruce Christiansen presented a patient profile for service utilization. The model is based on historical claims data and provides:

1. Identifying information
2. Utilization History for Ambulatory Sensitive Conditions
3. Summary of CDPS Diagnostic Grouping
4. Summary of Predictive Modeling (expenditures/risk)
5. Summary of Pharmacy Adherence Behavior

This model could assist HMO's to target case management and early assessment to enrollees showing more exhibiting a probability of high service utilization.

Discussion:

- Question: What demographics will be used that measure compliance particularly as it relates to meds?

  Response: Prescription trends would be analyzed and compared to best practices.

- Comment: This is an unappealing approach, wouldn't it lead to stereotyping and perpetuating stigma, i.e. consumer focussed vs. consumer directed?

  Response: This approach is intended to identify members who will benefit most from an early assessment..

- Comment: There is an interface between the Demographic Egg and the Draft Predictive Model. The model includes a member specific drill down of the demographic egg categories.

- Comment: The model is a straight-line prediction of participation and risk based on existing data. There could be variables not taken into consideration such as a flood of people new to the system.

- Question: How will the capitation rate structure be sensitive to the people enrolled?

  Response: The above models are being used to predict risk along with the Chronic Disease Payment System (CDPS) index. The key is to provide an incentive for the plan to enroll people who are sicker. The goal is to start with small demonstrations and then expand.

- Question: Is the county's funded services taken into account?

  Response: The capitation rate is based on Medicaid claims data. The three entities will be aware of the amount and the county will contribute funds also. It is likely that the county will pay its fair share and the plan will assume most of the risk.

- Question: What about people in need who are SSI eligible but not currently on it and apply for SSI because of the appeal of managed care?

  Response: The capitation rate will be applied to that person. There should not be a problem unless that population differs significantly from the model population.

- Comment: The Blue Ribbon Commission Redesign emphasized that all dollars be pooled for a comprehensive, seamless system.

  Response: The capitation rate will account for all Medicaid services to be covered by the plan. The plan will be required to assume some of the risk. This advisory committee also will look at pooling resources. The county will need to look at its ability to match funds.

- Comment: Dr. Christiansen interjected that the Patient Profile is being revised to incorporate a more consumer friendly form.

E. **Dane County Data Sheet**

A data sheet was provided that includes: State Fiscal Year 2002 Dane County Medicaid Fee-For-Service Eligible Month and claims data.

F. Rate Setting Meeting Notice

Angelo Castillo can give a description of all medical status codes that will be covered, including the MAPP (Medicaid buyin).

G. Contract Crosswalk Template

This document (rough draft) provides a structure to compare the quality assessment/performance improvement measures required for ICARE, Partnership Program, Family Care and the Mental Health Redesign. It is a work in progress. ROSA data will be incorporated where appropriate.

- Comments: Is there any focus on what data is useful? There is a need to build quality into services utilizing evidence-based data. Need to add quality of life indicators (ROSA addresses this well).

III.   Additional Issues the Advisory Committee Needs to Consider

- People who want acute and primary health care services and dental services are likely to join the Dane SSI Managed Care program.

- How will informing/education of consumers work?

- The Mental Health Center will sub-contract with other providers to assure a comprehensive provider network. Allowances will need to be made for providers out of the network. Access to crisis services will be a huge issue.

IV.   Housekeeping

- All future meetings of the Advisory Committee will be public noticed. Any member of the larger group may attend subgroups.

- The Advisory Committee will meet monthly. Meetings will be set up for the next six months.

- An analysis of the population to be served will be presented at the next meeting. Options on inclusion criteria will be identified and the advisory group will make recommendations to the steering committee.

- An analysis of the options for enrolling consumers interested in participating in the demonstration will be presented for discussion and recommendation to the Executive Steering Committee.

- An Issue Log will be kept and shared with the group to guide our work. A Decision/Recommendation Log will also be kept.

- Attached to the minutes is a PDF file of the crosswalk template.

- Any analyses to be discussed at future meetings will be distributed for your review before we meet.

- Peg Algar will contact committee members and let them know the meeting schedule.